DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/09/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
POC #2	445077	A. BUILDING _____ B. WING _____	05/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNICOI CO NURSING HOME	100 GREENWAY CIRCLE ERWIN, TN 37650

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 329 SS=D	483.45(d)(e)(1)-(2) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS 483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used-- (1) In excessive dose (including duplicate drug therapy); or (2) For excessive duration; or (3) Without adequate monitoring; or (4) Without adequate indications for its use; or (5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or (6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. 483.45(e) Psychotropic Drugs. Based on a comprehensive assessment of a resident, the facility must ensure that-- (1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; (2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;	F 329	On 5/3 the discovery of failure to act on a drug reduction recommendation resulted in an immediate order for the recommended dose reduction which was sent to pharmacy and also added to Resident #16 MAR. The resident received the ordered dose. An audit of last 3 months was conducted on 5/5 by DON and no omissions were found. The DON, Pharmacist and NHA met to discuss process of drug recommendations, physician review and order implementation. It was determined the oversight occured because there are different processes for scheduled reviews and the on demand reviews which occur as a result of a specific incident. The decision was made to use the same process for both types of review. The responsibility of implementing GDR orders was changed from a specific staff member to the position of Charge RN. This allows the GDR orders to be addressed daily rather than when a specific staff member is on duty. A standard of work was written and reviewed with RNs.	6/12/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Tom L Edwards NHA | TITLE: Nursing Home Administrator | (X6) DATE: 5/23/17

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 329	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to ensure 1 resident (#16) received a medication in a decreased dosage as ordered by the physician, of 6 residents reviewed for unnecessary medications of 24 residents sampled. The findings included: Medical record review revealed Resident #16 was admitted to the facility on 4/1/12 with the diagnoses of Delusional Disorders, Anxiety Disorder, and Mood Disorder due to known physiological condition with depressive features. Medical record review of the Pharmacist Medication Review dated 3/8/17 revealed "...Change Quetiapine [medication used to treat mental/mood disorders] to 75 mg [milligrams] q AM [every morning] and 75 mg q HS [every night]..." Continued medical record review revealed a check mark and the physician's initials that indicated the dosage should be reduced as recommended by the pharmacist. Medical record review of the Physicians Orders dated 3/1/17 through 3/31/17, 4/1/17 through 4/30/17, and 5/1/17 through 5/31/17 revealed "...Quetiapine 100 mg 1 tablet PO [by mouth] every evening..." Medical record review of the Medication Administration Record (MAR) dated 3/1/17 through 3/31/17, 4/1/17 through 4/30/17, and 5/1/17 through 5/31/17 revealed the dosage of "...Quetiapine 100 mg 1 tablet PO every evening..." was documented as administered	F 329	The process of having the pharmacist print a GDR consult and placing that form in a folder for the doctor review was changed to write GDR recommendations in the same review book as scheduled pharmacy reviews. This change in process keeps all reviews in one place and removes the risk of an individual paper being filed before an order is written. The review book has duplicate copies so the Charge Nurse can review daily to track status of the physician decision and then follow up as needed with orders and changes. The original process had a specific staff member handling scheduled reviews and Charge nurses were responsible for other reviews. The change to have the Charge Nurse to be responsible for the task provides continuity and assurance that ALL pharmacy reviews are acted upon on a daily basis providing residents with more timely and effective treatment. Chart checks Q-shift to be completed. This process change took effect on 5/4/17.	

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F 329	Continued From page 2 through 5/2/17. Interview with the Director of Nursing (DON) on 5/3/17 at 10:42 AM, in the 100 nurse's station, revealed that it would be up to the shift leader to write the order, on a telephone order sheet, after the Medical Doctor (MD) had checked the pharmacy review to make the change. "...I've got the May MAR, and it's not been changed...We missed it..." Further interview confirmed the facility failed to follow the facilities process of implementing pharmacy recommendations and failed to ensure Resident #16 received a medication in a decreased dosage.	F 329	To ensure the new process is implemented and effective the DON issued a standard of work on 5/12/17. All Charge Nurses were educated and signed off that they understand the new process for all pharmacy reviews The DON will complete weekly audits of the pharmacy review book to ensure that all recommendations have 1)been reviewed by physician, 2)orders written as approved 3)changes are recorded on MAR 4)chart checks completed Q-shift The results of the weekly audits will be recorded and reported to the monthly QAPI commitee for a period of 3 months. IF less than 100% compliance is reported the DON will reeducate staff and continue audits until a period of not less than 12 consecutive weeks are 100% compliant.	